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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRINZENBERG STABLES, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CRAIG T. GALLE, ESQ. (Contact Person)
THE GALLE LAW GROUP, P.N. (Firm/Company)
13501 South Slure Bird # 103 (Address)
WELLINGTON, FLORIDA 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
CRAIGET. GALLE at (561) 798-1708 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

\$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the record	s of the Florida Depart	ment
of State is:	PRINZENBERG	STABLES, L	لد	 '
2. The Florida doc	ument/registration number as	signed to this limited lia	ability company is:	
L1500	0177453			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/r	esign is: July 1, 7	<u>10</u> 16
4. I, LAURE	INZ BUHL	, hereby withdraw/	resign as a	
MA	NAGER. (Print Title)			
of this limited lia resignation in wr	bility company and affirm th	e limited liability compa	any has been notified of	fmy
Law	ung Bull issociating Member or Resign			
Signature of D	issociating Member or Resign	ning Manager		
_	\$25.00 (Required) \$30.00 (Optional)		ANTERNA STATES	
			A ID: C	O